2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2006 8:00 am
Secretary of State
03-23-2006 90019 041 ***150.00

DOCUMENT # P04000022092

1. Entity Name
AQUA TECH POOL SERVICE SARASOTA, INC.

Principal Place of Business	Mailing Address
574 WATERFORD CIRCLE SARASOTA, FL 34238	574 WATERFORD CIRCLE SARASOTA, FL 34238

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03032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6574 WATERFORD CIR	6574 WATERFORD CIR
Suite, Apt. #, etc.: SAME	Suite, Apt. #, etc.: SAME
City & State: SAME	City & State: SAME
Zip / Country	Zip / Country

4. FEI Number: 20-0668325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUKENS, RUSSELL E
574 WATERFORD CIRCLE
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUKENS, RUSSELL E 574 WATERFORD CIRCLE SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition STREET ADDRESS: 6574 WATERFORD CIRCLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUKENS, MARILYN C 574 WATERFORD CIRCLE SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition STREET ADDRESS: 6574 WATERFORD CIRCLE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russ. R. S. Lukens 4/1/06 PRES 941-922-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #